

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740277

FILED
Jan 24, 2009
Secretary of State

Entity Name: BEACH BAPTIST CHAPEL, INC.

Current Principal Place of Business:

311 COLOMBUS STREET
PORT ST JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

311 COLOMBUS ST
PORT ST JOE, FL 32456 US

New Mailing Address:

FEI Number: 59-1874722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICHARDSON, DAVID E
220 SELMA STREET
PORT SAINT JOE, FL 32456 US

Name and Address of New Registered Agent:

RICHARDSON, DAVID E DT
220 SELMA STREET
PORT SAINT JOE, FL 32456 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID E RICHARDSON

01/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ADAMS, JANICE
Address: 191 DOVE LANE
City-St-Zip: WEWAHITCHKA, FL 32465

Title: CDT () Delete
Name: RICHARDSON, DAVID
Address: 220 SUMRA ST
City-St-Zip: PORT SAINT JOE, FL 32456

Title: DT () Delete
Name: TODD, MIKE
Address: 248 COLUMBUS ST
City-St-Zip: PORT SAINT JOE, FL 32456

Title: DT () Delete
Name: PARKER, TOM
Address: 341 BALBOA STREET
City-St-Zip: PORT SAINT JOE, FL 32456

Title: DT () Delete
Name: POWELL, SAMMY
Address: 101 PALM BREEZE WAY
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CDT (X) Change () Addition
Name: RICHARDSON, DAVID
Address: 220 SELMA ST
City-St-Zip: PORT SAINT JOE, FL 32456

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E RICHARDSON

CDT

01/24/2009

Electronic Signature of Signing Officer or Director

Date